

RTAUZYUW RUENAAA2986 1950327-UUCC--RUWFEAA.

ZNR UUCC

R 132141Z JUL 95 ZYB PSN 950781Q30

FM CNO WASHINGTON DC//N1//

TO NAVADMIN

BT

UNCLAS //N05350//

NAVADMIN 159/95

MSGID/GENADMIN/PERS6//

SUBJ/DD2624 URINALYSIS CHAIN OF CUSTODY FORM//

REF/A/DOC/SECDEF/09DEC94//

REF/B/DOC/OPNAV/13SEP90//

NARR/REF A IS DODINST 1010.16 (TECHNICAL PROCEDURES FOR THE MILITARY PERSONNEL DRUG ABUSE TESTING PROGRAM). REF B IS OPNAVINST 5350.4B (NAVY ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL PROGRAM).//

POC/DAVIS/LCDR/BUPERS/-/TEL:DSN: 224-8008/TEL:(703) 614-8008/
TEL:FAX: (703) 697-4466//

RMKS/1. THE PURPOSE OF THIS NAVADMIN IS TO COMPLY WITH REF A, AND INCORPORATE INTO THE NAVY URINALYSIS PROGRAM USE OF THE DD FORM 2624 URINALYSIS CHAIN OF CUSTODY FORM AS A REPLACEMENT FOR THE OPNAV 5350/2. THIS IS CHANGE 3 TO REF B. IT IS APPLICABLE TO ALL U.S. PAGE 02 RUENAAA2986 UNCLAS NAVY ACTIVE DUTY AND RESERVE COMMANDS. EFFECTIVE 1 OCT 95 ALL NAVY COMMANDS SHALL BE REQUIRED TO USE THE DD FORM 2624.

2. THE DD FORM 2624 (NSN 0102-LF-016-7600), AVAILABLE THROUGH THE NAVY SUPPLY SYSTEM, CAN BE ORDERED BY USING A DD FORM 1348 MILSTRIP. IT IS AVAILABLE IN PADS OF 50 AND THE MAXIMUM NUMBER OF PADS WHICH CAN BE ORDERED AT ONE TIME IS 50. IF THERE ARE ANY QUESTIONS CONCERNING ORDERING, THE CUSTOMER SERVICE OFFICE AT NAVY PUBS AND FORMS IN PHILADELPHIA CAN ASSIST AT DSN: 446-2626 COMM: (215) 697-2626.

3. TO EFFECT THESE CHANGES, THE FOLLOWING CHANGES TO REF B ARE DIRECTED:

A. THROUGHOUT APPENDIX B TO ENCL (4) DELETE THE FORM "OPNAV 5350/2" AND REPLACE WITH "DD FORM 2624".

B. LINE 11 OF PARA 1.F OF APPENDIX B TO ENCL (4) AFTER "APPENDIX E." ADD "ONLY THE DD FORM 2624 (FIGURE 3-1, NSN 0102-LF-016-7600) WILL BE USED FOR THE SUBMISSION OF URINE SAMPLES". A SUMMARY OF APPLICABLE BLOCKS TO BE USED IS PROVIDED ON THE BACK OF THE FORM. COMPLETE DIRECTIONS ARE PROVIDED AS FOLLOWS:

1) BLOCK 1: SUBMITTING UNIT (FRONT SIDE). PLAIN LANGUAGE ADDRESS (PLAD) OF SUBMITTING UNIT.

2) BLOCK 2: ADDITIONAL SERVICE INFO. PLAD OF SECOND ECHELON COMMANDER TO WHOM SUBMITTING UNIT REPORTS ADMINISTRATIVELY.

3) BLOCK 3: BASE/AREA CODE. NOT APPLICABLE (LEAVE BLANK).

4) BLOCK 4: UNIT IDENTIFICATION CODE. ENTER UIC OF UNIT SUBMITTING SAMPLE.

5) BLOCK 5: DOCUMENT/BATCH NUMBER. A FOUR DIGIT ALPHA-NUMERIC CODE GENERATED BY THE COLLECTION RECORD LOG AT THE SUBMITTING UNIT (EXAMPLE: IR01). EACH BATCH OF 12 BOTTLES (OR A NUMBER OF BOTTLES LESS THAN 12) WILL BE ASSIGNED A SEPARATE LOCAL BATCH NUMBER TO ASSIST IN IDENTIFYING SUBMITTING UNIT SAMPLES.

6) BLOCK 6: DATE SPECIMEN COLLECTED. ENTER YEAR (FOUR DIGITS) IN YYYY BLOCKS, MONTH (TWO DIGITS) IN MM BLOCKS, AND DAY (TWO DIGITS) IN DD BLOCKS (PLACE ZERO IN LEFT BLOCK OF SINGLE DIGIT MONTH AND DAY AS NECESSARY).

7) BLOCK 7: SPECIMEN NUMBER. ENTER LOCAL RECORD LOG URINE SAMPLE NUMBER USING ONE LINE PER SAMPLE BOTTLE. THE FORM IS MADE TO HOLD THE MAXIMUM OF 12 SAMPLE NUMBERS.

8) BLOCK 8: COMPLETE SSN. ENTER SAMPLE BOTTLE SSN THAT CORRESPONDS TO THE SPECIMEN NUMBER IN BLOCK 7.

9) BLOCK 9: TEST BASIS. ENTER PREMISE CODE THAT INDICATES WHY COLLECTION WAS CONDUCTED. PER REF A, THE DD 2624 REQUIRES NEW TWO LETTER PREMISE CODES. REFER TO PARA 4. OF THIS MESSAGE BEFORE COMPLETING.

10) BLOCK 10: TEST INFO (LEAVE BLANK).

11) BLOCK 11: LEAVE BLANK.

12) BLOCK 12: CHAIN OF CUSTODY (BACK SIDE).

12A - DATE OF COLLECTION/SHIPMENT.

12B - SIGNATURE AND PRINTED OR TYPEWRITTEN NAME OF URINALYSIS COORDINATOR HAVING CUSTODY OF SAMPLES.

12C - USE ONLY IF PHYSICAL CUSTODY IS OCCURRING PRIOR TO SHIPMENT. OTHERWISE LEAVE BLANK;

12D - SPECIFY PURPOSE AND MODE OF ACCOUNTABLE TRANSPORTATION SYSTEM UTILIZED TO SHIP SPECIMENS TO LAB.

NOTE: IF/WHEN SPECIMENS CHANGE CUSTODY, OTHER THAN FOR SHIPMENT, EACH CHANGE OF CUSTODY REQUIRES LINE NUMBER SIGNATURES IN BLOCKS 12B AND 12C TO DOCUMENT CHANGE IN CUSTODY WITH COMMENT IN BLOCK 12D. IF A CONTINUATION SHEET IS NECESSARY, IT MUST CONTAIN INFO/SIGNATURES OF BLOCKS 12A THROUGH D. USE BLOCK 12D LINE (1) TO DOCUMENT INITIAL SHIPMENT STATUS, E.G., SHIPPED U.S. MAIL. IF ADDITIONAL TRANSFERS OF CUSTODY TAKE PLACE, EACH TRANSFER MUST BE DOCUMENTED IN THE SUCCESSIVE BLOCKS UNTIL SHIPMENT IS DELIVERED AT THE LAB.

13) BLOCK H (FRONT SIDE): THIS BLOCK TO BE COMPLETED BY LAB CERTIFYING OFFICIAL ONLY.

4. DELETE PARA 1.(1) (E) OF APPENDIX B ENCL (4) OF REF B AND REPLACE WITH THE FOLLOWING TO BE USED ON THE DD FORM 2624. TESTING PREMISE ABBREVIATIONS ARE TO BE USED BY SUBMITTING COMMANDS.

TESTING PREMISE	CODE
INSPECTION (GENERIC)	IO
RANDOM SAMPLE	IR
UNIT SWEEP	IU
PROBABLE CAUSE	PO
CONSENT TEST	VO
REHABILITATION	RO
MISHAP INVESTIGATION	AO
COMMAND DIRECTED	CO
MEDICAL	MO
NEW ENTRANT	NO
OTHER (ALL OTHERS)	OO

5. FILE THIS MESSAGE WITH OPNAVINST 5350.4B. THIS CHANGE WILL BE INCORPORATED IN THE NEXT REVISION OF OPNAVINST 5350.4 SERIES.

6. RELEASED BY H. C. MCKINNEY, RADM, USN, N1 ACTING.//

BT

#2986

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